

FILED MAR 20 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8528

890

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u> Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u> b. CITY (If outside corporate limits, write RURAL and give township) OR <u>KANSAS CITY</u> c. LENGTH OF STAY (in this place) <u>34 yrs</u> d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>GENERAL HOSPITAL #2</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u> c. CITY (If outside corporate limits, write RURAL and give township) OR <u>KANSAS CITY</u> d. STREET ADDRESS (If rural, give location) <u>1406 Garfield Avenue</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>BERTIE</u> b. (Middle) <u>WILLIE</u> c. (Last) <u>BOGGS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>FEBRUARY 23 1950</u>			
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>NEGRO</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>JULY 14 1892</u>	9. AGE (In years last birthday) <u>57</u>	IF UNDER 1 YEAR: Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MAID</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>LITTLE ROCK, ARKANSAS</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>HENRY GARNER</u>		13b. MOTHER'S MAIDEN NAME <u>CORA Johnson</u>		14. NAME OF HUSBAND OR WIFE <u>Howard Boggs</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>496-05-1423</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>BONITA MOORE 2848 Olive Street</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>FIBROCASEOUS PULMONARY TUBERCULOSIS</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>002X</u>			INTERVAL BETWEEN ONSET AND DEATH _____
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <u>1-16</u> , 19 <u>50</u> to <u>2-23</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>2-23</u> , 19 <u>50</u> , and that death occurred at <u>11:30P m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>F. Frank Ellis</u> (Degree or title) <u>Dr.</u>		23b. ADDRESS <u>600 East 22nd Street</u>		23c. DATE SIGNED <u>2-24-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-27-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lincoln</u>	
24d. LOCATION (City, town, or county) <u>Kansas City</u>		24e. (State) <u>Mo.</u>			
DATE REC'D BY LOCAL REG. <u>2-27-50</u>		REGISTRAR'S SIGNATURE <u>Heraldine Holmes Watkins</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Broas</u> ADDRESS <u>1729 Lyda</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

..... Student Embalmer No.
working under my personal supervision.

Student
Student Embalmer

Signed

Jerome Manlove

Licensed Embalmer No. *3994*

P. O. Address *2503 Highland*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.